Draft High-Level Summary Worksheet for Short/Doyle Medi-Cal Claim to National 835 Payment/Advice

Short / Doyle	Current State Requirements	Future State Requirements for HIPAA Compliance			Implementation Guide 4010 835		HIPAA Situational (Optional) Fields Not Required by State		
Columns in Y2K Layout 5/21/1999	**ADP & DMH Currently Using to Process a Medi-Cal Claim**	**HIPAA Mandated fields Required by the State to Process a Claim** (Alias or Industry name from the 4010 Implementation Guide)	**Example Values / Comments**	**Comments or Loop**	**Loop with IG notes**	**Page #**		**Issues**	**837P** reference IG page
					Header	43			
		Transaction Handling Code	C	I=Remittance only Information, C=Payment accompanies remittance advice etc.		45			
		Total actual Provider Payment Amount	150000			46			
		Payment Method Code	CHK	CHK=check, ACH=Automated Clearing House (EFT), BOP=choose method of payment		46			
		Check Issue or EFT effective Date	CCYYMMDD			50			
		Reassociation Trace Number Check or EFT Trace Number	If EFT - ADP or DMH assign trace # and give to SCO, If a check is issued SCO reports check #	i.e. check # (30 char) a unique number between sender and receiver - used to associate payment with remittance advice		53		SCO	
		Payer Identifier	1881234567	1 + Federal EIN #		53			
121-128	Date Claim Approved	Production Date				60			
				Payer Identification	**1000A**				
132	Claim Origin	Payer Name	ADP or DMH			63			
		Payer Address				64			
				Payee Identification	**1000B**				
		Payee Name	County Name			73			
129-130	County Code	Payee Id Code	Fed EIN or SSN	NPI when final		73			
				Header Number	**2000**	85			
				Claim Payment Information	**2100**	89			
1-10, 133-144	Claim ID Batch #	Patient Control Number		CLP01 835 ties to the CLM01 in the 837 - (837 - maximum 20 bytes)		89			pg 171
		Claim Status Code				90			
		Total Claim Charge Amount				91			
		Claim Payment Amount				91			pg 332
		Claim Filing Indicator Code	e.g. MC=Medicade see list			92			
						95	CAS Claims Adjustments		
25-38	Patient Name	Patient Name				103			
39-47	Patient Record Number	Patient Identifier		required if the patient id was reported on the claim (837P pg 119)		104			
11-14	Provider Code	Service Provider Name				111	Required if rendering provider is different from the Payee		
All information should be verified with the HIPAA standard Implementation Guide ASC X12N 835 (004010X091). This is a HIPAA readiness document authored by ADP. Information presented is accurate to the best of our knowledge. Unless noted otherwise, this is a working document. All material must be viewed in the context of your own organization and environment. Legal opinions or decision documentation may be needed to apply/interpret it.									
				Service Payment Information	**2110**	139			

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21-24 68-72 84-85	Program Code/Mode of Service DSM IV Diagnostic code Service Function	Product or Service ID				140			pg 555
93-100	Total Billed Amount	Line Item Charge Amount				142			
101-108	Total Approved Adjusted Amt	Provider Payment Amount				142			
73-82	Service/Treatment Date	Service Date				147			
302-311	FFP Approved Amount					148	Service Adjustment		
						154	Service Identification Line Item Control Number		pg 472
	Not Mapped on 835								
15-20	Date Claim is submitted								
39-47	Patient Record Number								
48-61	Beneficiary ID		on 837P mapped to supplemental ID pg 127	34=SSN, HN=HIC, MI=Member ID #					
62-65	Year of Birth								
66	Sex Code								
67	Race								
83	Discharge Code								
86-89	Units of Time								
109-116	Date Claim is received								
117	Transaction code								
118	Eligibility override code								
119	Late billing override code								
120	Duplicate payment override								
131	Federal/Non-Federal code								
145-153	SSN/MEDS-ID								
154-166	Duplicate match ID								
167-181	County use field								
182-188	Maximum allowed amount								
189-196	Admission Date								
197-236	Error Field Indicators								
237	Sort Key								
238-240	Days on Suspense								
241	Crossover Indicator								
242	Third Party Liability								
243-254	Health Ins claim HIC#								
255-259	PC Units of Time								
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260-263	PC Units of Service								
264-273	PC Total Billed Amount								
274-283	PC Total Approved Adj. Amt								
284-291	Total Services Charges								

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292-299	Medicare/Other Coverage Amt								
300-301	Approved Aid Code								
312-320	Client Index Number (CIN)								
321-324	Birth Month and Day								
325-329	Counselor's Initials								
332-334	County use field								
335-342	Card Issue Date								
343-348	Buy In Part B Effective Dt								

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